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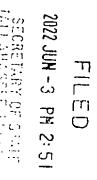
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B McKNIGHT

## **COVER LETTER**

TO: Registration Se Division of Cor				,		
	ROWS RESTORATION AEST	THETICS LLC		•		
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
	ondence concerning this matter					
	SUE SCHNABEL, PARA	LEGAL				
	<del></del>	Name of Person		-		
	BRET JONES, P.A.			1777 1338	2022 JUN -3	
		Firm/Company	<del></del>		Ē	-17
	700 ALMOND STREET			于 第 第 第 第 8		
	<del></del>	Address			_r) _k	ED
	CLERMONT, FLORIDA	34711			S :>	
		City/State and Zip Code		• '		
	SSCHNABEL@BRETJON					
	E-mail address: (	to be used for future annual report notification	on)			
For further information of	oncerning this matter, please co	all:				
SUE SCHNABEL		352 394-4025				
Name e	f Person		ephone Numbe	r		
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Sta	tus &	
Mailing Address Registration	Section	Street Address: Registration Section				
Division of C P.O. Box 632		Division of Corpora The Centre of Talla				
Tallahassee,		2415 N. Monroe St		310		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## SKIN & BROWS RESTORATION AESTHETICS LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Camileo C	naturity Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.220000139887}{1.220000139887}$ .	were filed on MARCH 22, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	<del></del>
Enter new principal offices address, if applicable:		2022 SE
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		5: 5: ED - SE D
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, enter the	name of the new registere
	Pl	
	, Florid	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and l provided for in Chapter 605, F.S.	am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	WALTER T. BURRELL, III	4093 LONGBOW DRIVE	
		CLERMONT, FL 34711	
		<u> </u>	Change
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fective date, if other than the d	ate of filing:			(optional)	
on effective date is listed, the date must in the first the date inserted in this blooment's effective date on the Dep	e specific and cannot k does not meet the	applicable statute	ing or more than 90 da	ys after filing.) Pursuant to	
record specifies a delayed effective is filed.	date, but not an effe	ective time, at 12:0	01 a.m. on the earlie	r of: (b) The 90th day	after the
mted MAY 27	. 2022	2			
nted MAY 27  Ochreés	TBure	ll			_

Filing Fee: \$25.00